

FORM DR-2: Disclosure Summary PageStatus: **Amended**ID #: **1361**Committee: **People for Beall**Comm Type: **State Senate**Date Due: **11/01/2002**Report Year: **2002**Treasurer: **Linda Von Bank**

Primary Ph. (515)576-2508 Secondary Ph. ()-

Chair: **Ed O'Leary**

Primary Ph. (515)573-5550 Secondary Ph. ()-

County: **NA**Amended: **11/12/2004**

Statutory Due Date	11/01/2002
Adjusted Due Date	/ /
Received Date	11/01/2002
Postmark Date	/ /
Amended	11/12/2004

Statement of Cash on Hand

Cash on Hand at Start of Period	\$15,055.04
Schedule A: Cash contributions Total	\$8,650.00
Schedule F: Loans Received Total	\$0.00
Schedule H: Campaign Property Sales	\$0.00
SUB-TOTAL	\$23,705.04
Schedule B: Expenditure Total	\$17,278.03
Schedule F: Cash Loan Repayments	
Cash on Hand At End of Period	6,427.01

Additional Assets and Liabilities

Loans in Place at Start of Period	\$0.00
Schedule D: UnPaid Bills	\$0.00
Schedule E: In-Kind Contributions	\$26,339.30
Schedule F: Forgiven Loans	
Schedule F: Outstanding Loans	\$0.00
Schedule G: Consultant Breakdown?	No
Schedule H: Campaign Property Value	\$0.00

FOR INSTRUCTIONS, SEE BACK OF FORM

DISCLOSURE SUMMARY PAGE

Reset Form

FORM DR-2 (Rev. 07/2003)	DISCLOSURE REPORT
For Office Use Only	
Comm. #	1361
Logged In	
Scanned	
Computer	WRS
Audited	8-10-04

COMMITTEE NAME (Must be same as on Statement of Organization)

PEOPLE FOR BEALL

IMPORTANT: Indicate type of committee you are reporting for: ☒ 1

(1) Statewide/Legislative Candidate (2) Statewide PAC (3) State Party (4) County/Local Candidate
(5) County PAC (6) Ballot Issue/Franchise Committee (7) County/City Central Committee

CANDIDATE COMMITTEES ONLY:

Candidate Name

DARUL BEALL

Political Party

DEM

Office Sought

SENATE

District (if Senate or House)

25

ALABAMA CAMPAIGN DISCLOSURE BOARD
JUN 30 2004
UPS

Linda UmBark

515.576.2500

06-28-04

SIGNATURE OF TREASURER (or person filing this report)

TELEPHONE

DATE SIGNED

Late filed reports are subject to possible civil and criminal penalties.

SEE INSTRUCTIONS ON BACK AND COMPLETE THE FOLLOWING SENTENCE:

I AM FILING A _____ REPORT FOR AN/A (1) ELECTION / (2) NON-ELECTION YEAR.
(report date) Indicate one ☐

☐ CHECK IF AMENDMENT TO REPORT DATED 10.29.04
S/B 10-31-02

☐ Check if this is final (termination) report and attach Notice of Dissolution Form DR-3.
(You must continue to file reports until a Notice of Dissolution is filed.)

Local Committees, enter Date of Election

County & Local Committees, enter County in which Election is held

STATEMENT OF CASH ON HAND

CASH ON HAND at the beginning of the reporting period. (This is the total of all monies held by the committee. This amount **MUST** be the same as the cash on hand at the end of the last reporting period, or must be zero if this is first report filed.) ... S/B 14,403.11

ADD TOTAL MONEY TAKEN IN THIS PERIOD

S/B 8650.00

Schedule A: Cash Contributions total (Attach Schedule A) (*also see in-kind below)

Schedule F: Loans Received total (Attach Schedule F)

Schedule H: Total Sales of Campaign Property (Attach Schedule H)

(Schedule H applies to Candidates' Committees Only)

SUB-TOTAL

SUBTRACT TOTAL MONEY SPENT THIS PERIOD

Schedule B: Expenditures total (Attach Schedule B) (**also see debts and loans below)

Schedule F: Loan Repayments total (Attach Schedule F)

CASH ON HAND at the end of this reporting period (if final report, balance must be zero) (Attach DR-3) ... S/B 6000.08

**UNPAID BILLS (From Schedule D - Attach Schedule D)

**IN KIND CONTRIBUTIONS (From Schedule E - Attach Schedule E)

**OUTSTANDING LOANS (From Schedule F - Attach Schedule F)

CANDIDATE COMMITTEES ONLY:

CONSULTANT BREAKDOWN (Schedule G Attached?)

VALUE OF CAMPAIGN PROPERTY (From Schedule H - Attach Schedule H)

☐ YES ☒ NO

\$ 0

For Instructions, See Back of Form

CONTRIBUTIONS – MONEY TAKEN IN

(Including candidate's personal funds)

No change

SCHEDULE A (Rev. 06/97)	MONETARY RECEIPTS
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

COMMITTEE NAME (Must be same as on Statement of Organization)

PEOPLE FOR BEALL

STATE CANDIDATES NOTE: IF A CONTRIBUTION IS RECEIVED FROM A STATE PAC (POLITICAL ACTION COMMITTEE), LIST THE PAC IDENTIFICATION NUMBER AND THE PAC CHECK NUMBER IN THE DESIGNATED COLUMN. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD.

CAUTION: Section 68B.32A(6), Iowa Code, prohibits the use of information copied from reports and statements for soliciting contributions or for any commercial purpose by any person other than statutory political committees.

DATE RECEIVED (MM/DD/YR)	PAC ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE* (if applicable)	AMOUNT RECEIVED	✓ IF FOR FUND-RAISER INCOME
10/16/02	ID# 6113 CK# 2765	AFSCME 61 4320 - NW. 2nd Av. DEER MOZAKES, IA 50509		\$ 2000.00	
	ID# 6086 CK# 12822	SEA PAC 777-3RD ST DEER MOZAKES IA 50509		1000.00	
	ID# CK#	NARVRE UNIT FT. DODGE IA 5050		20.00	
	ID# CK#	MARLENE BRUCKMAN 952 S. 26th ST FT. DODGE, IA 50501		20.00	
	ID# CK#	MIRIAM JONAS 4512 CEDAR LAKE RD ST LOUIS PK, IN N 55416		10.00	
	ID# CK#	DENNIS BERTÉ 2232 DAWSON AV FORT DODGE, IA 50501		100.00	
	ID# CK#	MICHAEL SCHUH 224 - C ST FORT DODGE, IA 5050		100.00	
	ID# CK#	CORINNE FLEMING 1486 - 20th Av. N. FORT DODGE, IA 50501		25.00	
	ID# CK#	SIDNEY SANDHOLM BX 228 DAYTON IA 50530		40.00	
	ID# CK#	SHANDRA WILLS 3101 - 17th Av N FORT DODGE, IA 50501		10.00	

518 3325.00

SUB-TOTAL

TOTAL (If last page of this schedule)

\$3550.00

\$8875.00

* Disclosure law requires candidate committees to disclose the relationship of any relative making a contribution to the committee. Relationship must be shown to the third degree of consanguinity (blood relatives) and affinity (relatives by marriage) (See Page 2 of forms packet.). If surname of contributor is the same as candidate, but there is no familial relationship, enter "not applicable" in the relationship column.

Page 1 of 5
(for Schedule A)

For Instructions, See Back of Form

CONTRIBUTIONS -- MONEY TAKEN IN

(Including candidate's personal funds)

SCHEDULE A (Rev. 06/97)	MONETARY RECEIPTS
<input checked="" type="checkbox"/> CHECK THIS BOX IF AMENDING FORM <i>addresses only</i>	

COMMITTEE NAME (Must be same as on Statement of Organization)

PEOPLE FOR BEALL

STATE CANDIDATES NOTE: IF A CONTRIBUTION IS RECEIVED FROM A STATE PAC (POLITICAL ACTION COMMITTEE), LIST THE PAC IDENTIFICATION NUMBER AND THE PAC CHECK NUMBER IN THE DESIGNATED COLUMN. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD.

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10.16.02	ID# CK#	PAULINE DEASLER 3120 - 16 TH AV. N FORSDODGE, IA 50501		\$ 30.00	
"	ID# CK#	ANNE HICSA BECK 2732 - 20 TH AV. N FORSDODGE IA 50501		50.00	
"	ID# CK#	MARY BROWN 421 - N. 27 TH ST FORSDODGE, IA 50501		50.00	
"	ID# CK#	SHARON NEUMANN 2916 - 25 TH AV. N FORSDODGE, IA 5050		50.00	
"	ID# CK#	LARRY WINKLEBAUER 2885 XENIA AV. SOMERS, IA 50586		50.00	
10.24.02	ID# CK#	BRUCE BAHNSON 600 S. WILSON JEFFERSON, IA 50129		50.00	
"	ID# 9654 CK# 1010	IA LTR CARRIERS POB III MEDIAPOLIS, IA 52637		100.00	
"	ID# 6237 CK# 1518	ABATE PAC 3118 - EASTERN AV. CEDAR RAPIDS, IA 52402		250.00	
"	ID# 6488 CK# 1101	IOWA PROVIDERS 7025 - HICKMAN RD - STE 5 URBANDALE, IA 50322		100.00	
"	ID# CK#	JOHN DODGEN POB 39 HUMBOLDT, IA 50548		250.00	

SUB-TOTAL

\$ 980.00

TOTAL (if last page of this schedule)

\$

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Page 2 of 5
(for Schedule A)

For Instructions, See Back of Form

CONTRIBUTIONS -- MONEY TAKEN IN

(Including candidate's personal funds)

SCHEDULE A (Rev. 06/97)	MONETARY RECEIPTS
<input checked="" type="checkbox"/> CHECK THIS BOX IF AMENDING FORM <i>addresses only</i>	

COMMITTEE NAME (Must be same as on Statement of Organization)

PEOPLE FOR BEALL

STATE CANDIDATES NOTE: IF A CONTRIBUTION IS RECEIVED FROM A STATE PAC (POLITICAL ACTION COMMITTEE), LIST THE PAC IDENTIFICATION NUMBER AND THE PAC CHECK NUMBER IN THE DESIGNATED COLUMN. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD.

CAUTION: Section 68B.32A(6), Iowa Code, prohibits the use of information copied from reports and statements for soliciting contributions or for any commercial purpose by any person other than statutory political committees.

DATE RECEIVED (MM/DD/YR)	PAC ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE* (if applicable)	AMOUNT RECEIVED	✓ IF FOR FUND-RAISER INCOME
10.24.02	ID# CK#	CHARLES GUSTAFSON 2038-310 th ST FORT DODGE, IA 50501		\$ 100.00	
"	ID# CK#	DONALD AVENSON 30 MAPLEWOOD DR BELWEIN 50662		100.00	
"	ID# CK#	CHLOIS SORENSON SOMERS 50586		100.00	
"	ID# CK#	CATHY JANVRIN 51 GEORGETOWN CIR. O'FALLON MO 63366		250.00	
"	ID# CK#	DONNA MEANALLY 2297 RIVER LANE FORT DODGE, IA 50501		100.00	
"	ID# CK#	WARREN DAIGE 420 KENYON RD FORT DODGE, IA 50501		25.00	
"	ID# CK#	BRENDA SORENSON 3541-250 th ST SOMERS 50586		25.00	
"	ID# CK#	PAUL GREEN 1230-6 th AV. N FORT DODGE, IA 50501		25.00	
"	ID# CK#	RICHARD BLACK 3228- KENIA AV FARNHAMVILLE 50538		50.00	
"	ID# CK#	CRAIG JOHNSON 2504-19 th AV. N FORT DODGE, IA 50501		50.00	

SUB-TOTAL

\$ 825.00

TOTAL (if last page of this schedule)

\$

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Page 3 of 5
(for Schedule A)

For Instructions, See Back of Form

CONTRIBUTIONS – MONEY TAKEN IN

(Including candidate's personal funds)

My change

SCHEDULE A (Rev. 06/97)	MONETARY RECEIPTS
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

COMMITTEE NAME (Must be same as on Statement of Organization)

PEOPLE FOR BEALL

STATE CANDIDATES NOTE: IF A CONTRIBUTION IS RECEIVED FROM A STATE PAC (POLITICAL ACTION COMMITTEE), LIST THE PAC IDENTIFICATION NUMBER AND THE PAC CHECK NUMBER IN THE DESIGNATED COLUMN. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD.

CAUTION: Section 68B.32A(6), Iowa Code, prohibits the use of information copied from reports and statements for soliciting contributions or for any commercial purpose by any person other than statutory political committees.

DATE RECEIVED (MM/DD/YY)	PAC ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE* (if applicable)	AMOUNT RECEIVED	✓ IF FOR FUND-RAISER INCOME
10.24.02	ID# CK#	KEITH SEYTON 2195 - 250TH ST ROCKWELL CITY IA 50579		\$ 50.00	
"	ID# CK#	MARY SHERER 7016 PALM DR URBANDALE IA 50322		50.00	
"	ID# CK#	MERLIN ACKERSON 1707 - PARKVIEW HTS KEOKUK IA 52632		50.00	
"	ID# 7656 CK# 1024	EFFECTIVE GOVT COMMITTEE 607 - 14TH ST STE 800 W. DC 20005		2010.00	
"	ID# CK# 3117	BANKERS UNITE IN LEGIS. DECISIONS 8800 - NW 62ND AVE JOHNSTON IA 50131		300.00	
"	ID# 6058 CK# 2156	IA CHIROPRACTIC SOCIETY 1605 ANKENY BLDG STE 100 ANKENY IA 50021		300.00	
	ID# CK#				
	ID# CK#				
	ID# CK#				
	ID# CK#				

SUB-TOTAL

\$2750.00

TOTAL (if last page of this schedule)

\$

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Page 4 of 5
(for Schedule A)

For Instructions, See Back of Form

CONTRIBUTIONS -- MONEY TAKEN IN

(Including candidate's personal funds)

SCHEDULE A (Rev. 06/97)	MONETARY RECEIPTS
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

COMMITTEE NAME (Must be same as on Statement of Organization)

PEOPLE FOR BEALL

STATE CANDIDATES NOTE: IF A CONTRIBUTION IS RECEIVED FROM A STATE PAC (POLITICAL ACTION COMMITTEE), LIST THE PAC IDENTIFICATION NUMBER AND THE PAC CHECK NUMBER IN THE DESIGNATED COLUMN. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD.

CAUTION: Section 68B.32A(6), Iowa Code, prohibits the use of information copied from reports and statements for soliciting contributions or for any commercial purpose by any person other than statutory political committees.

DATE RECEIVED (MM/DD/YY)	PAC ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE* (if applicable)	AMOUNT RECEIVED	✓ IF FOR FUND- RAISER INCOME
9/8 2003 11.24.04	ID# CK#	KENNETH CONVERSE 610. W. 4TH ST STORM LAKE, IA		\$ 50.00	
u	ID# CK#	* FANNIE INDELL 7377 KIMMEL RD CLAYTON, OH 45315		80.00	
1	ID# CK#	* CHRISTY POLLOCK 1114 N. VALLEY VIEW DR PRAIRIEVILLE, AR 72701		150.00	
u	ID# CK#	* THOMAS CURRIAN 2235 - WALTON AVE MANSON, IA 50563		100.00	
u	ID# CK#	* BRUCE SHIRKAT 1936 LAKE SHIRKAT DR MANSON, IA 50563		100.00	
u	ID# 8026 CK# 4741	* IRELL COMMITTEE 1125 - 15th ST. NW WASHINGTON DC 20005		250.00	
u	ID# 6109 CK# 3081	* WELLS FARGO 606 WALNUT ST DES MOINES, IA 50304		100.00	
	ID# CK#				
	ID# CK#				
	ID# CK#				

SUB-TOTAL

\$ 770.00
\$

* Previously reported on 1-19-03
Report, with receipt date of 11-3-03
TOTAL (if last page of this schedule)
\$13,865.00

* Disclosure law requires candidate committees to disclose the relationship of any relative making a contribution to the committee. Relationship must be shown to the third degree of consanguinity (blood relatives) and affinity (relatives by marriage) (See Page 2 of forms packet.). If surname of contributor is the same as candidate, but there is no familial relationship, enter "not applicable" in the relationship column.

Page 5 of 5
(for Schedule A)

FOR INSTRUCTIONS, SEE BACK OF FORM

EXPENDITURES -- MONEY SPENT FROM COMMITTEE ACCOUNT

STATE PAC COMMITTEES: NOTE: FOR CONTRIBUTIONS MADE TO STATEWIDE OR LEGISLATIVE CANDIDATES, LIST THE CANDIDATE IDENTIFICATION NUMBER IN THE DESIGNATED COLUMN AND THE PAC CHECK NUMBER FOR EACH EXPENDITURE. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS & CAMPAIGN DISCLOSURE BOARD.

SCHEDULE B (Rev. 09/97)	MONETARY EXPENDITURES
<input checked="" type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

COMMITTEE NAME (Must be same as on Statement of Organization)

DATE EXPENDED (MM/DD/YY)	CANDIDATE ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS TO WHOM EXPENDITURE (Disbursement) WAS MADE	PURPOSE (DESCRIBE TRANSACTION)	AMOUNT EXPENDED
10.21.02	ID# 1361 CK# 2125	POSTMASTER FORT DODGE, IA	POSTAGE	\$ 1.98
10.28.02	ID# 1361 CK# 2126	TRUMAN FUND DES MOINES, IA	PRINT MEDIA	4,000.00
10.26.02	ID# 1361 CK# 2127	OFFICE MAX 2950-5th AVE S. FT. DODGE, IA	COPIES	13.41
	ID# CK#			
	ID# CK#			
	ID# CK#			
	ID# CK#			
	ID# CK#			
SUB-TOTAL				\$ 4015.39
TOTAL (if last page of this schedule)				\$ 17,278.03

THIS BOX APPLIES TO CANDIDATES' COMMITTEES ONLY:

Purchases of certain campaign property costing \$500 or more must also be inventoried on Schedule H. (Refer to Schedule H instructions.)

Expenditures to persons/entities providing consulting, advertising, fund-raising, polling, managing, organizing services must also be detail itemized on Schedule G by the amount, purpose, and date of each type of expenditure made by the person/entity on behalf of the candidate's committee. (Refer to Schedule G instructions and Iowa Code 56.6(3)(i).)

Page 1 of 3

(for Schedule B)

FOR INSTRUCTIONS, SEE BACK OF FORM

EXPENDITURES -- MONEY SPENT FROM COMMITTEE ACCOUNT

STATE PAC COMMITTEES: NOTE: FOR CONTRIBUTIONS MADE TO STATEWIDE OR LEGISLATIVE CANDIDATES, LIST THE CANDIDATE IDENTIFICATION NUMBER IN THE DESIGNATED COLUMN AND THE PAC CHECK NUMBER FOR EACH EXPENDITURE. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS & CAMPAIGN DISCLOSURE BOARD.

SCHEDULE B (Rev. 09/97)	MONETARY EXPENDITURES
<input checked="" type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

COMMITTEE NAME (Must be same as on Statement of Organization)

DATE EXPENDED (MM/DD/YR)	CANDIDATE ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS TO WHOM EXPENDITURE (Disbursement) WAS MADE	PURPOSE (DESCRIBE TRANSACTION)	AMOUNT EXPENDED
10.16.02	ID# 1361 CK# 2085	CALHOUN COUNTY JOURNAL-HERALD ROCKWELL CITY, IA	PRINT ADS	\$92.00
10.18.02	ID# 1361 CK# 2086	OFFICE MAX 2950 - 5TH AVE So. FT DODGE, IA	MAIL PREP	87.45
10.18.02	ID# 1361 CK# 2087	POSTMASTER	POSTAGE	96.20
10.18.02	ID# 1361 CK# 2088	POSTMASTER	POSTAGE	259.00
10.19.02	ID# 1361 CK# 2089	THE MESSENGER FT. DODGE, IA	PRINT ADS	501.29
10.19.02	ID# 1361 CK# 2090	DAYTON REVIEW DAYTON, IA	PRINT ADS	168.30
10.21.02	ID# 1361 CK# 2091	CALHOUN COUNTY JOURNAL + HERALD ROCKWELL CITY, IA	PRINT ADS	126.00
✓ 10.18.02	ID# 1361 CK# 2184	TRUMAN FUND DES MOINES, IA	NGR SALARY MEDIA-PRINT	10,000.00
SUB-TOTAL				\$ 11330.24
TOTAL (if last page of this schedule)				\$

THIS BOX APPLIES TO CANDIDATES' COMMITTEES ONLY:

Purchases of certain campaign property costing \$500 or more must also be inventoried on Schedule H. (Refer to Schedule H instructions.)

Expenditures to persons/entities providing consulting, advertising, fund-raising, polling, managing, organizing services must also be detail itemized on Schedule G by the amount, purpose, and date of each type of expenditure made by the person/entity on behalf of the candidate's committee. (Refer to Schedule G instructions and Iowa Code 56.6(3)(i).)

Page 2 of 3

(for Schedule B)

FOR INSTRUCTIONS, SEE BACK OF FORM

EXPENDITURES -- MONEY SPENT FROM COMMITTEE ACCOUNT

STATE PAC COMMITTEES: NOTE: FOR CONTRIBUTIONS MADE TO STATEWIDE OR LEGISLATIVE CANDIDATES, LIST THE CANDIDATE IDENTIFICATION NUMBER IN THE DESIGNATED COLUMN AND THE PAC CHECK NUMBER FOR EACH EXPENDITURE. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS & CAMPAIGN DISCLOSURE BOARD.

SCHEDULE B (Rev. 09/97)	MONETARY EXPENDITURES
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

COMMITTEE NAME (Must be same as on Statement of Organization)

PEOPLE FOR BEALL

DATE EXPENDED (MM/DD/YR)	CANDIDATE ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS TO WHOM EXPENDITURE (Disbursement) WAS MADE	PURPOSE (DESCRIBE TRANSACTION)	AMOUNT EXPENDED
10.23.02	ID# 1361 CK# 2092	THE JEFFERSON HERALD JEFFERSON, IA	PRINT ADS	\$343.20
10.23.02	ID# 1361 CK# 2095	DAYTON REVIEW DAYTON, IA	PRINT ADS	168.38
10.24.02	ID# 1361 CK# 2094	THE MESSENGER FT. DODGE, IA	PRINT ADS	501.29
10.28.02	ID# 1361 CK# 2095	DAYTON REVIEW DAYTON, IA	PRINT ADS	314.50
10.27.02	ID# 1361 CK# 2096	POSTMASTER	POSTAGE	180.00
10.28.02	ID# 1361 CK# 2097	POSTMASTER	POSTAGE	370.00
10.28.02	ID# 1361 CK# 2098	OFFICE MAY FORT DODGE, IA	COPIES	33.92
10.16.02	ID# 1361 CK# 2094	OFFICE MAY FORT DODGE, IA	COPIES	21.19
SUB-TOTAL				\$ 1932.40
TOTAL (if last page of this schedule)				\$
slb 17.278.03				

THIS BOX APPLIES TO CANDIDATES' COMMITTEES ONLY:

Purchases of certain campaign property costing \$500 or more must also be inventoried on Schedule H. (Refer to Schedule H instructions.)

Expenditures to persons/entities providing consulting, advertising, fund-raising, polling, managing, organizing services must also be detail itemized on Schedule G by the amount, purpose, and date of each type of expenditure made by the person/entity on behalf of the candidate's committee. (Refer to Schedule G instructions and Iowa Code 56.6(3)(f).)

Page 3 of 3

(for Schedule B)

FORM DR-2: Disclosure Summary PageStatus: **Amended**ID #: **1361**Committee: **People for Beall**Comm Type: **State Senate**Date Due: **11/01/2002**Report Year: **2002**Treasurer: **Linda Von Bank**

Primary Ph. (515)576-2508 Secondary Ph. ()-

Chair: **Ed O'Leary**

Primary Ph. (515)573-5550 Secondary Ph. ()-

County: **NA**Amended: **3/11/2004**

Statutory Due Date	11/01/2002
Adjusted Due Date	/ /
Received Date	11/01/2002
Postmark Date	/ /
Amended	03/11/2004

Statement of Cash on Hand

Cash on Hand at Start of Period	\$15,379.70
Schedule A: Cash contributions Total	\$7,880.00
Schedule F: Loans Received Total	\$0.00
Schedule H: Campaign Property Sales	\$0.00
SUB-TOTAL	\$23,259.70
Schedule B: Expenditure Total	\$18,653.11
Schedule F: Cash Loan Repayments	
Cash on Hand At End of Period	4,606.59

Additional Assets and Liabilities

Loans in Place at Start of Period	\$0.00
Schedule D: UnPaid Bills	\$0.00
Schedule E: In-Kind Contributions	\$26,339.30
Schedule F: Forgiven Loans	
Schedule F: Outstanding Loans	\$0.00
Schedule G: Consultant Breakdown?	No
Schedule H: Campaign Property Value	\$0.00

FOR INSTRUCTIONS, SEE BACK OF FORM

DISCLOSURE SUMMARY PAGE

COMMITTEE NAME (Must be same as on Statement of Organization)

PEOPLE FOR BEALLIMPORTANT: Indicate type of committee you are reporting for: 1(1) Statewide/Legislative Candidate (2) Statewide PAC (3) State Party (4) County/Local Candidate
(5) County PAC (6) Ballot Issue/Franchise Committee (7) County/City Central Committee
(8) Support State of Candidates**CANDIDATE COMMITTEES ONLY:**

Candidate Name

DARYL BEALL

Political Party

DEMOCRAT

Office Sought

SENATE

District (If Senate or House)

25

FORM

DR-2

(Rev. 05/2002)

DISCLOSURE
REPORT

For Office Use Only

Comm. #

1361

Indexed

Audited

Computer

NOV - 1 2002

fax

10-31-02

SIGNATURE OF TREASURER (or person filing this report)

Linda H. Bank

TELEPHONE

515.576.2508

DATE SIGNED

Routine Penalties Due For Late Filed Reports Range from \$20 to \$800

SEE INSTRUCTIONS ON BACK AND COMPLETE THE FOLLOWING SENTENCE:I AM FILING A 10.29.02 REPORT FOR AN/A (1) ELECTION (2) NON-ELECTION YEAR.
(report date) Indicate one ☐☐ CHECK IF AMENDMENT TO REPORT DATED _____

Local Committees, enter Date of Election

☒ Check if this is final (termination) report and attach Notice of Dissolution Form DR-3.
(You must continue to file reports until a Notice of Dissolution is filed.)

County & Local Committees, enter County in which Election is held

STATEMENT OF CASH ON HAND

CASH ON HAND at the beginning of the reporting period. (This is the total of all monies held by the committee. This amount MUST be the same as the cash on hand at the end of the last reporting period, or must be zero if this is first report filed.)

15,354.70**ADD TOTAL MONEY TAKEN IN THIS PERIOD**

Schedule A: Cash Contributions total (Attach Schedule A) (*also see in-kind below)

7880.00

Schedule F: Loans Received total (Attach Schedule F)

0

Schedule H: Total Sales of Campaign Property (Attach Schedule H)

0

(Schedule H applies to Candidates' Committees Only)

SUB-TOTAL.....\$

23234.70**SUBTRACT TOTAL MONEY SPENT THIS PERIOD**

Schedule B: Expenditures total (Attach Schedule B) (**also see debts and loans below)

18653.11

Schedule F: Loan Repayments total (Attach Schedule F)

0

CASH ON HAND at the end of this reporting period (if final report, balance must be zero) (Attach DR-3)

4581.59

**UNPAID BILLS (From Schedule D - Attach Schedule D)

0

**IN KIND CONTRIBUTIONS (From Schedule E - Attach Schedule E)

26339.30

**OUTSTANDING LOANS (From Schedule F - Attach Schedule F)

0**CANDIDATE COMMITTEES ONLY:**

CONSULTANT BREAKDOWN (Schedule G Attached?)

☐ YES ☒ NO

VALUE OF CAMPAIGN PROPERTY (From Schedule H - Attach Schedule H)

\$ 0

For Instructions, See Back of Form

CONTRIBUTIONS – MONEY TAKEN IN

(Including candidate's personal funds)

COMMITTEE NAME (Must be same as on Statement of Organization)

PEOPLE FOR BEALL

SCHEDULE A (Rev. 06/97)	MONETARY RECEIPTS
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

STATE CANDIDATES NOTE: IF A CONTRIBUTION IS RECEIVED FROM A STATE PAC (POLITICAL ACTION COMMITTEE), LIST THE PAC IDENTIFICATION NUMBER AND THE PAC CHECK NUMBER IN THE DESIGNATED COLUMN. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD.

CAUTION: Section 68B.32A(6), Iowa Code, prohibits the use of information copied from reports and statements for soliciting contributions or for any commercial purpose by any person other than statutory political committees.

DATE RECEIVED (MM/DD/YR)	PAC ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE* (if applicable)	AMOUNT RECEIVED	✓ IF FOR FUND-RAISER INCOME
✓ 10/16/02	ID# 6113 CK# 2765	AFSCME 61 4320 - N.W. 2 ND AV. Des Moines 50313		\$ 2000.00	
✓	ID# 6086 CK# 12822	ISEA PAC 777-3 RD ST Des Moines 50309		1000.00	
✓	ID# CK#	NARVEE UNIT FT. DODGE		20.00	
✓	ID# CK#	MARLENE BRUCKMAN 952 S. 26 TH ST FT. DODGE, IOWA 50501		20.00	
✓	ID# CK#	MIRIAM JONAS 4512 CEDAR LAKE RD ST LOUIS PK, IOWA 55416		10.00	
✓	ID# CK#	DENNIS BERTÉ 2232 DAWSON AVE FD 50501		100.00	
✓	ID# CK#	MICHAEL SCHULH 224 - C ST FD 50501		100.00	
✓	ID# CK#	CORINNE FLEMING 1486 - 20 TH AV. N. FD 50501		25.00	
✓	ID# CK#	SIDNEY SANDHOGGM BX 228 DAYTON 50530		40.00	
✓	ID# CK#	SANDRA WILKS 3101 - 17 TH AV N FD 50501		10.00	
SUB-TOTAL				\$ 3325.00	
TOTAL (if last page of this schedule)				\$ 7880.00	

* Disclosure law requires candidate committees to disclose the relationship of any relative making a contribution to the committee. Relationship must be shown to the third degree of consanguinity (blood relatives) and affinity (relatives by marriage) (See Page 2 of forms packet.). If surname of contributor is the same as candidate, but there is no familial relationship, enter "not applicable" in the relationship column.

Page 1 of 4
(for Schedule A)

For Instructions, See Back of Form

CONTRIBUTIONS -- MONEY TAKEN IN

(Including candidate's personal funds)

COMMITTEE NAME (Must be same as on Statement of Organization)

PEOPLE FOR BEALL

SCHEDULE A (Rev. 06/97)	MONETARY RECEIPTS
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

STATE CANDIDATES NOTE: IF A CONTRIBUTION IS RECEIVED FROM A STATE PAC (POLITICAL ACTION COMMITTEE), LIST THE PAC IDENTIFICATION NUMBER AND THE PAC CHECK NUMBER IN THE DESIGNATED COLUMN. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD.

CAUTION: Section 68B.32A(6), Iowa Code, prohibits the use of information copied from reports and statements for soliciting contributions or for any commercial purpose by any person other than statutory political committees.

DATE RECEIVED (MM/DD/YR)	PAC ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE* (if applicable)	AMOUNT RECEIVED	✓ IF FOR FUND-RAISER INCOME
10.16.02	ID# CK#	PAULINE DEASLER 3120 - 16TH AV. N FD 50501		\$ 30.00	
✓	ID# CK#	ANNE HICSAHECK 2732 - 20TH AV. N FD 50501		50.00	
✓	ID# CK#	MARY BROWN 421 - N. 27TH ST FD 50501		50.00	
✓	ID# CK#	SHARON NEUMANN 2916 - 25TH AV. N FD 50501		50.00	
✓	ID# CK#	LARRY WINKLEBAUER 2885 XENIA AV SOMERS 50506		50.00	
10.24.02	ID# CK#	BRUCE BAHNSON 600 S. WILSON JEFFERSON 50129		50.00	
✓	ID# 9654 CK# 1010	DA CTR CARRIERS POB 111 MEDINA 52637		100.00	
✓	ID# 6237 CK# 1518	AGATE PAC 3118 - EASTERN AV. CEDAR RAPIDS 52403		250.00	
✓	ID# 6488 CK# 1101	IOWA PRODERS 7025 - HICKMAN RD - STE 5 URBANDALE 50322		100.00	
✓	ID# CK#	JOHN DODGEN POB 39 HUMBOLDT 50548		250.00	
SUB-TOTAL				\$ 980.00	
TOTAL (if last page of this schedule)				\$	

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Page 2 of 4
(for Schedule A)

For Instructions, See Back of Form

CONTRIBUTIONS – MONEY TAKEN IN

(Including candidate's personal funds)

COMMITTEE NAME (Must be same as on Statement of Organization)

PEOPLE FOR BEALL

SCHEDULE A (Rev. 06/97)	MONETARY RECEIPTS
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

STATE CANDIDATES NOTE: IF A CONTRIBUTION IS RECEIVED FROM A STATE PAC (POLITICAL ACTION COMMITTEE), LIST THE PAC IDENTIFICATION NUMBER AND THE PAC CHECK NUMBER IN THE DESIGNATED COLUMN. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD.

CAUTION: Section 68B.32A(6), Iowa Code, prohibits the use of information copied from reports and statements for soliciting contributions or for any commercial purpose by any person other than statutory political committees.

DATE RECEIVED (MM/DD/YR)	PAC ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE* (if applicable)	AMOUNT RECEIVED	✓ IF FOR FUND-RAISER INCOME
10.24.02	ID# CK#	CHARLES GUSTAFSON 2038-310 th ST FT DODGE 50501		\$ 100.00	
"	ID# CK#	DONALD AVENSON 30 MAPLEWOOD DR DEWEIN 50662		100.00	
"	ID# CK#	CHLOIS Sorenson Somers 50586		100.00	
"	ID# CK#	CATHY JANVRIN 51 GEORGETOWN CIR. O'FALLON MO 63366		250.00	
"	ID# CK#	DONNA MORGANALLY 2297 RIVER LANE FD 50501		100.00	
"	ID# CK#	WARREN DAIBE 420 KENTON RD FD 50501		25.00	
"	ID# CK#	BRENDA Sorenson 3541-250 th ST Somers 50586		25.00	
"	ID# CK#	PAUL GREEN 1230-64 th AV. N FD 50501		25.00	
"	ID# CK#	RICHARD BLACK 3228- XENIA AV PARNHAMVILLE 50538		50.00	
"	ID# CK#	CRAIG JOHNSON 2504-19 th AV. N FD 50501		50.00	
SUB-TOTAL				\$ 825.00	
TOTAL (if last page of this schedule)				\$	

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Page 3 of 4
(for Schedule A)

For Instructions, See Back of Form

CONTRIBUTIONS -- MONEY TAKEN IN

(Including candidate's personal funds)

SCHEDULE A (Rev. 06/97)	MONETARY RECEIPTS
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

COMMITTEE NAME (Must be same as on Statement of Organization)

PEOPLE FOR BEALL

STATE CANDIDATES NOTE: IF A CONTRIBUTION IS RECEIVED FROM A STATE PAC (POLITICAL ACTION COMMITTEE), LIST THE PAC IDENTIFICATION NUMBER AND THE PAC CHECK NUMBER IN THE DESIGNATED COLUMN. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD.

CAUTION: Section 68B.32A(6), Iowa Code, prohibits the use of information copied from reports and statements for soliciting contributions or for any commercial purpose by any person other than statutory political committees.

DATE RECEIVED (MM/DD/YR)	PAC ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE* (if applicable)	AMOUNT RECEIVED	✓ IF FOR FUND- RAISER INCOME
10.24.02	ID# CK#	KEITH SEXTON 2195 - 250TH ST ROCKWELL CITY 50579		\$ 50.00	
"	ID# CK#	MARY SHERER 7016 PALM DR URBANDALE 50322		50.00	
"	ID# CK#	MERLIN ACKERSON 1701 - PARKVIEW HTS KEOKUK 52632		50.00	
✓ "	ID# 7654 CK# 1024	EFFECTIVE 607 COMMITTEE 607 - 14TH ST STE 800 W. DC 20005		2010.00	
✓ "	ID# CK# 3117	BANKERS UNITE IN LEGIS. DECISIONS 8800 - NW 62ND AVE JOHNSTON 50131		300.00	
✓ "	ID# 6058 CK# 2156	IA CHIROPRACTIC SOCIETY 1605 ANKENY BLVD STE 100 ANKENY 50021		300.00	
	ID# CK#				
	ID# CK#				
	ID# CK#				
	ID# CK#				

SUB-TOTAL

\$2750.00

TOTAL (if last page of this schedule)

\$

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 Page 4 of 4
(for Schedule A)

FOR INSTRUCTIONS, SEE BACK OF FORM

Receipt Form

EXPENDITURES - MONEY SPENT FROM COMMITTEE ACCOUNT

STATE PAC COMMITTEES: NOTE: FOR CONTRIBUTIONS MADE TO STATEWIDE OR LEGISLATIVE CANDIDATES, LIST THE CANDIDATE IDENTIFICATION NUMBER IN THE DESIGNATED COLUMN AND THE PAC CHECK NUMBER FOR EACH EXPENDITURE. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS & CAMPAIGN DISCLOSURE BOARD.

SCHEDULE B (Rev. 09/97)	MONETARY EXPENDITURES
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

COMMITTEE NAME (Must be same as on Statement of Organization)

DATE EXPENDED (MM/DD/YY)	CANDIDATE ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS TO WHOM EXPENDITURE (Disbursement) WAS MADE	PURPOSE (DESCRIBE TRANSACTION)	AMOUNT EXPENDED
10.23.02	ID# 1361 CK# 2092	THE JEFFERSON HERALD JEFFERSON	PRINT ADS	\$343.20
10.23.02	ID# " CK# 2093	DAYTON REVIEW DAYTON	"	168.50
10.24.02	ID# " CK# 2094	MESSENGER FD 50501	"	501.29
10.25.02	ID# " CK# 2095	DAYTON REVIEW DAYTON	"	314.50
10.27.02	ID# " CK# 2096	POSTMASTER	POSTAGE	180.00
10.28.02	ID# " CK# 2097	"	"	370.00
10.28.02	ID# " CK# 2098	OFFICE MAX 2950 - 5th AVE. S.E. FD	COPIES	3392
10.29.02	ID# " CK# 2099	THE MESSENGER FD	PRINT ADS	1002.58
SUB-TOTAL				\$2913.79
TOTAL (if last page of this schedule)				\$18653.11

THIS BOX APPLIES TO CANDIDATES' COMMITTEES ONLY:

Purchases of certain campaign property costing \$500 or more must also be inventoried on Schedule H. (Refer to Schedule H instructions.)

Expenditures to persons/entities providing consulting, advertising, fund-raising, polling, managing, organizing services must also be detailed itemized on Schedule G by the amount, purpose, and date of each type of expenditure made by the person/entity on behalf of the candidate's committee. (Refer to Schedule G instructions and Iowa Code 56.6(3)(i).)

Page 5 of 5

(for Schedule B)

FOR INSTRUCTIONS, SEE BACK OF FORM

Races Form

EXPENDITURES - MONEY SPENT FROM COMMITTEE ACCOUNT

STATE PAC COMMITTEES: NOTE: FOR CONTRIBUTIONS MADE TO STATEWIDE OR LEGISLATIVE CANDIDATES, LIST THE CANDIDATE IDENTIFICATION NUMBER IN THE DESIGNATED COLUMN AND THE PAC CHECK NUMBER FOR EACH EXPENDITURE. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS & CAMPAIGN DISCLOSURE BOARD.

SCHEDULE B (Rev. 09/97)	MONETARY EXPENDITURES
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

COMMITTEE NAME (Must be same as on Statement of Organization)

PEOPLE FOR BEALL

DATE EXPENDED (MM/DD/YR)	CANDIDATE ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS TO WHOM EXPENDITURE (Disbursement) WAS MADE	PURPOSE (DESCRIBE TRANSACTION)	AMOUNT EXPENDED
10.16.02	ID# 1361 CK# 2084	OFFICE MAY 2450-5TH AVE S FD 50501	LABELS	\$ 21.19
"	ID# " CK# 2085	CANTOWN CO. J-H BECKWELL CITY	PRINT ADS	92.00
10/18/02	ID# " CK# 2086	OFFICE MAY 2450-5TH AVE S. FD	MAIL PREP	87.45
10.18.02	ID# " CK# 2087	POSTMASTER	POSTAGE	96.20
"	ID# " CK# 2088	"	"	252.00
10.19.02	ID# " CK# 2089	THE MESSENGER FD 50501	PRINT ADS	501.29
"	ID# " CK# 2090	DAYTON REVIEW DAYTON	"	168.30
10/21/02	ID# " CK# 2091	CAL CO. JOURNAL - HERALD BECKWELL CITY	"	126.00
SUB-TOTAL				\$ 1351.43
TOTAL (if last page of this schedule)				\$

THIS BOX APPLIES TO CANDIDATES' COMMITTEES ONLY:

Purchases of certain campaign property costing \$500 or more must also be inventoried on Schedule H. (Refer to Schedule H instructions.)

Expenditures to persons/entities providing consulting, advertising, fund-raising, polling, managing, organizing services must also be detail itemized on Schedule G by the amount, purpose, and date of each type of expenditure made by the person/entity on behalf of the candidate's committee. (Refer to Schedule G instructions and Iowa Code 56.6(3)(i).)

Page 2 of 3

(for Schedule B)

FOR INSTRUCTIONS, SEE BACK OF FORM

Race Form

EXPENDITURES - MONEY SPENT FROM COMMITTEE ACCOUNT

STATE PAC COMMITTEES: NOTE: FOR CONTRIBUTIONS MADE TO STATEWIDE OR LEGISLATIVE CANDIDATES, LIST THE CANDIDATE IDENTIFICATION NUMBER IN THE DESIGNATED COLUMN AND THE PAC CHECK NUMBER FOR EACH EXPENDITURE. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS & CAMPAIGN DISCLOSURE BOARD.

SCHEDULE B (Rev. 09/97)	MONETARY EXPENDITURES
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

COMMITTEE NAME (Must be same as on Statement of Organization)

PEOPLE FOR BEALL

DATE EXPENDED (MM/DD/YY)	CANDIDATE ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS TO WHOM EXPENDITURE (Disbursement) WAS MADE	PURPOSE (DESCRIBE TRANSACTION)	AMOUNT EXPENDED
10.29.02	ID# 1361 CK# 2100	JEFFERSON BEE-HERALD JEFFERSON	PRINT ADS	\$ 41.60
10.18.02	ID# 1361 CK# 2124	TRUMAN FUND Iowa Dem Party DSM	MGR SALARY PRINT MEDIA	10,116.00
10.21.02	ID# CK# 2125	POSTMASTER AD	POSTAGE	198
10.25.02	ID# " CK# 2126	Iowa Democratic Party TRUMAN FUND Part DSM	MGR SALARY PRINT MEDIA	4,011-
10.26.02	ID# " CK# 2127	OFFICE MAY 2950-5th AVE. SO FD 50501	COPIES	1341
10.29.02	ID# " CK# 2128	MESSENGER PRINTING 712-1st AVE. S. FD 50501	STATIONERY	330.90
	ID# CK#			
	ID# CK#			
SUB-TOTAL				\$ 14,387.89
TOTAL (if last page of this schedule)				\$

THIS BOX APPLIES TO CANDIDATES' COMMITTEES ONLY:

Purchases of certain campaign property costing \$500 or more must also be inventoried on Schedule H. (Refer to Schedule H Instructions.)

Expenditures to persons/entities providing consulting, advertising, fund-raising, polling, managing, organizing services must also be detail itemized on Schedule G by the amount, purpose, and date of each type of expenditure made by the person/entity on behalf of the candidate's committee. (Refer to Schedule G Instructions and Iowa Code 56.6(3)(i).)

Page 1 of 3

(for Schedule B)

FOR INSTRUCTIONS, SEE BACK OF FORM

COMMITTEE NAME (Must be same as on Statement of Organization)

PEOPLE FOR BEAL

NOTE: Debts previously reported that remain unpaid must be included on this Schedule, as well as any new obligations incurred in this period.

SCHEDULE D (Rev. 08/98)	INCURRED INDEBTEDNESS
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

**DEBTS/OBLIGATIONS REMAINING THIS REPORTING PERIOD
(DO NOT INCLUDE LOANS -- SHOW LOANS ON SCHEDULE F)**

An "incurred debt" is a debt for goods or services ordered or received, but not paid for by the end of the reporting period, regardless of whether an invoice has been received.

DATE INCURRED (MM/DD/YR)	NAME AND ADDRESS OF PERSON TO WHOM DEBT OR OBLIGATION IS OWED	DESCRIPTION OF GOODS OR SERVICES PROVIDED OR PURCHASED	BALANCE OWED AT CLOSE OF REPORTING PERIOD*
			\$
SUB-TOTAL			\$
TOTAL DEBTS OWED BY COMMITTEE AT THE END OF THIS REPORTING PERIOD			\$ 0

*If actual figure is unknown, show "estimated" beside the figure.

Page 1 of 1
(for Schedule D)

CANDIDATE COMMITTEES NOTE:

*Incurred indebtedness also includes each person/entity with whom the candidate's committee has entered into a contract during the reporting period for future or continuing performance. Enter the name of the consultant who provides or procures services for items such as advertising, fund-raising, polling, managing, or organizing services. Report on Schedule G the nature of performance and the estimated performance reasonably expected of the consultant.

FOR INSTRUCTIONS, SEE BACK OF FORM

COMMITTEE NAME (Must be same as on Statement of Organization)

PEOPLE FOR BEALL

SCHEDULE
E
(Rev. 06/97)IN KIND
CONTRIBUTIONS☐ CHECK THIS BOX IF
AMENDING FORM

DATE RECEIVED (MM/DD/YR)	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE * (if applicable)	DESCRIPTION OF IN KIND CONTRIBUTION	ESTIMATED FAIR MARKET VALUE	✓ IF FOR FUND-RAISER CONTRIBUTION
10.25.02	KERMIT + DONNA SMITH 2327 - 20th Av. N FD 50501		POSTAGE	\$ 23.30	
10.23.02	DAN BEDNAR 1306 - S. 28th St FD 50501		POSTAGE	\$ 23.00	
✓ 10.15.02	101st DEMOCRATIC PARTY 5561 Fleur Dr DSM. 50521		LITERATURE MAILINGS	\$ 5262.80	
✓ 10.17.02	"		"	\$ 5262.80	
✓ 10.18.02	"		"	\$ 5262.80	
✓ 10.21.02	"		"	\$ 5262.80	
✓ 10.21.02	"		"	\$ 5262.80	

SUB-TOTAL

\$
26,339.30TOTAL (if last
page of this
schedule)\$
26,339.30

*Disclosure law requires candidates to disclose the relationship of any relative making an in kind contribution to the committee. Relationship must be shown to the third degree of consanguinity (blood relatives) and affinity (relatives by marriage). (See Page 2 of forms packet.) If surname of contributor is the same as candidate, but there is no familial relationship, enter "not applicable" in the relationship column.

Page 1 of 1
(for Schedule E)

FOR INSTRUCTIONS, SEE BACK OF FORM

THIS FORM IS USED BY CANDIDATES' COMMITTEES ONLY

COMMITTEE NAME (Must be same as on Statement of Organization)

PEOPLE FOR BEALL

SCHEDULE G (Rev. 02/96)	BREAKDOWN OF MONETARY EXPENDITURES BY CONSULTANT
	<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM

PART I - NAME AND ADDRESS OF CONSULTANT

Name of Consultant		
Mailing Address		
City	State	Zip Code

CONTRACT PERIOD (MM/DD/YR)	TOTAL ANTICIPATED COMPENSATION FOR PERFORMANCE
From _____	\$ _____
To _____	

ESTIMATES OF PERFORMANCE

PART II - ITEMIZED BREAKDOWN OF UNREIMBURSED EXPENSES PAID BY CONSULTANT TO OTHERS IN PERFORMING SERVICES OF CONTRACT (These expenses should NOT be reported on Schedule B, as they are direct payment from the consultant.)

DATE EXPENDED (MM/DD/YR)	NAME AND ADDRESS TO WHOM EXPENDITURE (Disbursement) WAS MADE	PURPOSE	AMOUNT EXPENDED
			\$

SUB-TOTAL

TOTAL (If last page of this schedule)

\$
\$ 0

THIS FORM IS USED BY CANDIDATES' COMMITTEES ONLY

COMMITTEE NAME (Must be same as on Statement of Organization)

PEOPLE FOR BEALL

SCHEDULE H (Rev. 02/98)	CAMPAIGN PROPERTY
ATTACH SCHEDULE H TO EACH REPORT, MAKING CHANGES AS REQUIRED.	
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

PART I - ONGOING INVENTORY OF CAMPAIGN PROPERTY**PART II - SALES OR TRANSFERS OF CAMPAIGN PROPERTY ****

Date Purchased (Schedule B) or Date Received (Schedule E) (MM/DD/YR)	Description of Property	Purchase Price or Est. Value When Acquired*	Current Value at Fair Market This Report

Date (MM/DD/YR)	Name and Address of Purchaser/Donee	Description of Property	Sold? Y/N	Sale Price	Value of Donation

TOTAL VALUE CAMPAIGN PROPERTY THIS REPORT
(TRANSFER TO SUMMARY PAGE) \$

0

If estimated, show est. beside figure.

** PROPERTY SALES & TRANSFERS TOTAL
(TRANSFER TO SUMMARY PAGE) \$

0

TOTALS \$ 0

(Attach Additional Schedules If Needed)

Page 1 of 1 Pages
(For Schedule H)

People for Peace

To: Linda Anderson Fax: 515.281.3701

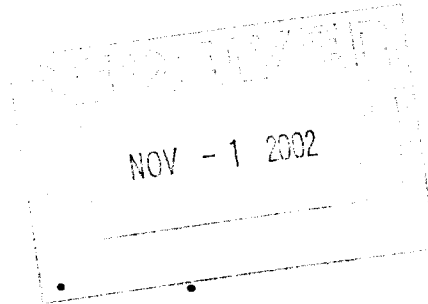
From: Linda Von Bank

Date:

Linda_Von_Bank@hotmail.com

11-1-02

Re: Supplementary Pages: 12+ cover
Report



HARD COPY IN
MAIL